



Attorney Docket No. 62684.000001  
Attorney Customer No. 21967

#10  
Amended  
11/4/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re US Patent Application of:	)	
Edward FEDEROWICZ	)	
Application No.: 09/851,208	)	Group Art Unit: 3673
Filing Date: May 7, 2001	)	Examiner: F. Conley
Title: PATIENT LEVITATION	)	
APPARATUS FOR PATIENT	)	
TRANSFER OR LINEN CHANGING	)	

**RESPONSE TO THE OFFICE ACTION MAILED JUNE 23, 2003**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action mailed June 23, 2003, kindly amend the above-identified application as follows:

**RECEIVED**  
OCT 30 2003  
**GROUP 3600**



36734

Attorney Docket No. 62684.000001  
Attorney Customer No. 21967

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re US Patent Application of: )  
Edward FEDEROWICZ )  
Application No.: 09/851,208 ) Group Art Unit: 3673  
Filing Date: May 7, 2001 ) Examiner: F. Conley  
Title: PATIENT LEVITATION )  
APPARATUS FOR PATIENT )  
TRANSFER OR LINEN )  
CHANGING )

**RESPONSE TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Enclosed is a Response to the Official Action dated June 23, 2003 in connection with the above-identified patent application.

- ☒ [ X ] A petition for a One-Month Extension of Time is also enclosed together with a check in the amount of \$55.00 for the required official fee.
- ☐ [ ] Also enclosed is an Information Disclosure Statement Transmittal Letter, Information Disclosure Statement, PTO-1449 and a copy of the references. Authorization is given in the Information Disclosure Transmittal Letter to charge the \$180.00 required official Fee to Deposit Account No. 50-0206.
- ☒ [ X ] No additional claim fee is required.
- ☐ [ ] An additional claim fee is required, and is calculated as shown below:

**RECEIVED**  
OCT 30 2003  
**GROUP 3600**

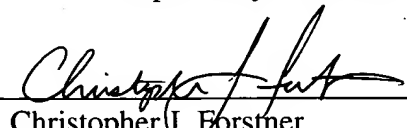
CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSL Y PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	8	Minus 20 =	0	x \$18.00 =	0.00
Independent Claims	2	Minus 3 =	0	x \$84.00 =	0.00
If Amendment adds multiple dependent claims, add \$260.00					N/A
Total Amendment Fee					0.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					0.00
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					<b>\$ 0.00</b>

- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0206 for the fee due.
- ☒ Check No. 364947 in the amount of \$55.00 is enclosed for the fee due.
- ☒ A Certificate of Mailing Under 37 C.F.R. § 1.8 is enclosed herewith.
- ☒ Self-addressed stamped postcard.
- ☒ The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §1.16, 1.17 and 1.21 that may be required by this paper to Deposit Account No. 50-0206.

Date: October 23, 2003

Respectfully submitted,

By:

  
 Christopher J. Forstner  
 Registration No. 46,049  
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